

9730

If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		Arizona Territorial Board of Health	
County of <u>Cochise</u>		BUREAU OF VITAL STATISTICS	
District of <u>Douglas</u>		ORIGINAL CERTIFICATE OF DEATH <u>253</u>	
Town of _____		Ter. Index No. <u>494</u>	
or City of <u>Douglas</u>		County Registered No. <u>520</u>	
(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.")		St. _____ Ward. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)	
FULL NAME <u>E. R. Dickey</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
LENGTH OF RESIDENCE		DATE OF DEATH <u>Dec 27</u> 19 <u>10</u>	
At Place of Death _____ yrs _____ mos.		(month) (day) (year)	
In Arizona <u>40</u> yrs _____ mos.		I hereby certify, That I attended deceased from <u>Dec 21</u> 19 <u>10</u> to <u>Dec 27</u> 19 <u>10</u>	
SEX <u>Male</u>	COLOR OR RACE <u>White</u> Chinese Black Indian Mexican	that I last saw him alive on <u>Dec 27</u> 19 <u>10</u>	
DATE OF BIRTH <u>Oct 4</u> 18 <u>36</u>	(month) (day) (year)	and that death occurred on the date stated above at <u>8:30</u> M.	
AGE <u>74</u> years _____ months _____ days		The DISEASE or INJURY causing DEATH was as follows:	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>		<u>Chronic Suppuration</u>	
BIRTHPLACE (State or foreign country) <u>Iowa</u>		Where contracted _____ Duration <u>Some weeks</u>	
OCCUPATION <u>Teamster on Streets</u>		Contributing cause (if any) <u>Failure</u>	
NAME OF FATHER <u>Unknown</u>		Where contracted _____ Duration _____	
BIRTHPLACE OF FATHER (State or foreign country) <u>Unknown</u>		(Signed) <u>J. H. Long</u> M.D.	
MAIDEN NAME OF MOTHER <u>Unknown</u>		19____ Address _____	
BIRTHPLACE OF MOTHER (State or foreign country) <u>Unknown</u>		SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Former or Usual residence _____ How long at _____ Place of Death _____ Days	
Informant <u>Chas. E. Dickey</u>		Place of burial or removal <u>Douglas</u> Date of burial or removal <u>Dec 29</u> 19 <u>10</u>	
(Address) <u>826 11th Douglas</u>		Undertaker <u>McGarty</u> Address <u>Douglas</u>	
		Filed <u>12/28</u> 19 <u>10</u> <u>W. H. Long</u> Local Register.	
		Filed <u>Jan 11</u> 19 <u>11</u> <u>W. H. Long</u>	